

Late Contribution Report

Type or print in Ink.
Amounts may be rounded to whole dollars.

NAME OF FILER
Jeffrey Prang for Assessor 2018

AREA CODE/PHONE NUMBER (323) 655-4065

I.D. NUMBER (if applicable) 1396928

STREET ADDRESS

CITY Encino **STATE** CA **ZIP CODE** 91436

Date of This Filing 05/31/2018

Report No. LCR-20180529

Amendment to Report No. _____
(explain below)

No. of Pages 2

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LATE CONTRIBUTION REPORT
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1/2

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
05/29/2018	Joseph Kelly Info requested ID:	<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC	Tax Collector County of Los Angeles	1500.00
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		
	ID:	<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		

*Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

Reason for Amendment: _____